

CONSIDERATIONS IN USING SOCIAL SECURITY NUMBERS ON BIRTH CERTIFICATES FOR RESEARCH PURPOSES

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THE SOCIAL SECURITY number has been an item on the Standard Certificate of Death for some time. It was originally included at the request of the Social Security Administration to aid in claims verification. Now it is proposed that this number be added to the Standard Certificates of Marriage and of Divorce or Annulment in order to "provide a unique identification for each person, be an aid to matching vital records for research uses, and aid in establishing eligibility for Social Security benefits" (1).

The purpose of this presentation is to request that the National Center for Health Statistics and the Social Security Administration explore, in addition, the feasibility of systematically issuing the social security number at birth and recording this number on the Standard Certificate of Live Birth. This procedure would complete an individual's vital records linkage and aid immeasurably in health, population, genetic, social, and economic research.

During the last several years, the social security number has been used increasingly for linking income and tax records. For this purpose it must be obtained for all persons, including minors, upon the opening of a savings account or entering covered employment. Almost all categories of employment are now covered by

social security insurance. However, many persons, particularly children and housewives, have not been issued numbers. Furthermore, the present system for obtaining social security numbers does not completely eliminate multiple numbers. A unique preassigned number would alleviate the problem of record matching and file updating, which now are burdensome and subject to considerable error because of name misspellings, changes of name upon adoption or marriage, and other problems (2). As a result there are still important and selective gaps in the vital record linkage system and almost insurmountable difficulties in conducting longitudinal research, such as maintenance of chronic disease registers over long periods.

The issuance of a social security number routinely upon birth and its entry on the Live Birth Certificate would have important advantages:

1. Aid in linkage of vital, health, and other records throughout life.
2. Facilitate searching of birth certificate records.
3. Provide universal identification of persons for civil defense purposes.
4. Make possible more complete and accurate reporting of social security numbers on all records, since the birth certificate, as a most important personal document, is usually available to every individual.
5. Permit the birth certificate to "double" as a person's social security registration, saving paper work and discouraging multiple applications for social security numbers.
6. Assist in migration studies, since the social security number indicates the State of issue.
7. If all newborn received social security numbers and all death certificates were cleared against the social security record, in time the

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number of open social security records would provide an accurate current count of the U.S. population by age and sex.

8. Inclusion of the social security number on the birth certificate would enable hospitals to use the number as the case or history number.

9. Inclusion would permit business firms to use the social security number to replace the current multiplicity of identification numbers, in other words, provide a "life-time personal identification number that would make it easy for business machines to keep everybody's account in order" (3).

The disadvantages of this proposal are:

1. The cost of opening and maintaining social security records which may never be used for social security account purposes. The proportion of unused records, however, will decrease as death rates during childhood further decline, as the proportion of persons who have been employed increases, and as social security coverage is extended to additional employed groups. Furthermore, it is required that all taxpayers and recipients of dividends or interest of \$10 or more, although not in covered employment, be assigned a social security number.

2. The possibility of loss of anonymity through a numbering system which is complete and thorough for identification purposes. It would seem, however, that whatever protection is now afforded a person with regard to the confidentiality of his name and other identifying information on any record would be extended automatically to his social security number as well.

In summary, it is believed that the operational savings and research advantages that would result from routine issuance of the social security number to all persons at birth would far outweigh any possible disadvantages. This is particularly true in today's research climate. The number, moreover, is already widely used for many purposes. In addition to the use of the social security number by the Internal Revenue Service for identification of taxpayers and other income recipients, the Veterans Administration is exploring its use for identification of veterans and beneficiaries.

Therefore, consideration needs to be given to providing space for the social security number on the Standard Live Birth Certificate. The National Center for Health Statistics, together with the Social Security Administration, and interested State health departments might well undertake, as soon as possible, experimentation with the issuance and recording of this number at birth.

REFERENCES

- (1) U.S. National Center for Health Statistics: Background document for the workshop for revision of the standard certificates. Public Health Conference on Records and Statistics, 10th national meeting, Washington, D.C., June 16-17, 1964.
- (2) Phillips, W., Jr., Bahn, A. K., and Miyasaki, M.: Person-matching by electronic methods. *Communications of Assoc for Computing Machinery* 5: 404-407 (1962).
- (3) Gold, B.: This numbers game is here to stay. *The District Line, Washington Post*, Washington, D.C., Aug. 13, 1963.



Establishing the Civil Defense Emergency Hospital. *PHS Publication No. 1071-F-1; 1963; 42 pages; 25 cents.* Provides detailed description of the civil defense emergency hospital and outlines the uses of the emergency hospital in a community. Contains discussion of pre-attack and postattack plans to efficiently activate the CDEH as an independent facility in a national emergency. Included are plans for services, staffing, stockage, and related subjects. Gives suggestions for report forms and maintenance of patient records. Included also are suggested hospital floor plans and a chart of minimum space requirements. Appendix A explains circumstances under which the CDEH may be used in natural disasters.

X-ray Section of the Civil Defense Emergency Hospital. *PHS Publication No. 1071-F-2; 1964; 40 pages.* Gives complete instructions for assembling, operating, maintaining, disassembling, and repacking the X-ray equipment included in CDEH. Also gives instructions for processing Polaroid X-ray film supplied and suggests procedures for reports and related records. Operating parts and accessories for the X-ray apparatus are explicitly labeled on accompanying photographs. Information is provided to familiarize X-ray technicians with the characteristics and limitations of equipment. Publication provides orientation for supervising radiologist or other physician, and will prove helpful to community health leaders in preparing for the activities and use of the X-ray section of CDEH.

Central Supply Section of the Civil Defense Emergency Hospital. *PHS Publication No. 1071-F-3; 1964; 96 pages.* Explains organization and operating procedures for central supply section of the civil defense emergency hospital when the unit is to be used as a separate and inde-

pendent hospital. Suggested procedures are detailed for storing and dispensing nonsterile supplies, and for cleaning, preparing, sterilizing, and dispensing sterile supplies. The need for training and familiarization—preattack—is emphasized for persons operating CDEH in order to immediately activate this section.

Storage Structures Erected for Pre-Positioned Civil Defense Emergency Hospitals. *PHS Publication No. 1095-F-7; 1963; 14 pages; 15 cents.* Provides pertinent information, specifications, and cost figures on various types of buildings erected by States and local communities throughout the country specifically for storage of the civil defense emergency hospital. Presents a special study on cost of procuring, erecting, and modifying a Government-excess Quonset hut for CDEH storage. Also includes illustrations and information on commercially manufactured pre-engineered steel buildings. Provides sufficient information for a community to determine the kind of CDEH storage building best suited to its particular situation.

Austere Medical Care for Disasters: A reference manual for allied health workers and selected laymen. *PHS Publication No. 1071-D-1; 1964; 73 pages.* Covers medical care and treatment procedures for disaster victims based on medicines, supplies, and equipment stocked in public shelters by the Federal Government. Enumerates austere care bases as lifesaving measures in treatment of traumatic injuries and infectious and chronic diseases; prevention of spread of disease; shortening period of illness, enabling patient to join work force; prevention of hazardous complications; alleviation of suffering; and prevention of emotional situations. All treatments indicated are determined by symptoms and conditions. Publication is directed

to nonphysicians and includes simple instructions of "what to do" and "what not to do." Covers care and treatment of special groups including infants, children, and the aged. Lists content of medical kits and gives instructions for use of basic medical supplies and special medicines. Intended as a reference guide for allied health workers and selected trained laymen charged with shelter or disaster medical care.

Nursing Education Facilities: Programming considerations and architectural guide. *PHS Publication No. 1180-F-1b; June 1964; 88 pages; 65 cents.* Report of the Joint Committee on Educational Facilities for Nursing of the National League for Nursing and the Public Health Service. Presents a comprehensive picture of facility needs of four types of nursing education programs: the diploma and practical nursing programs, associate degree program, and collegiate programs at the baccalaureate and graduate levels. The publication is primarily a guide for those involved in establishing new nursing facilities or expanding existing programs. Some of the information may be of interest to administrators and faculty of established programs and to community planners. Gives an overview of nursing education, a separate chapter for each program, and one chapter concentrated on architectural considerations.

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